

# UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

Address to:  
Commissioner of Patents  
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Alexandria, VA 22313-1450

Attorney Docket No.	SIGU3005/JEK/JJC
First Named Inventor (or identifier)	SIGURJONSSON
Total Pages	62

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **WOUND DRESSING**

- ☒ 1. Submitted herewith are the following:

41 pages of specification.  
☒ Abstract.  
10 sheet(s) of drawings.  
18 claim(s).  
☒ Oath/Declaration signed by each inventor.  
☒ Application Data Sheet.  
☐ Preliminary Amendment.  
☒ Information Disclosure Statement(s).  
3 pages of Form PTO-1449, and one copy of each foreign document listed thereon.  
☒ Assignment of the invention, Cover Sheet, and payment of the \$ 40.00 recordal fee.  
☐ certified copy of application no. \_\_\_\_\_ filed in \_\_\_\_\_. Priority is claimed.  
☒ check in the amount of \$ 810.00 including any assignment recordal fee.

- ☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.


- ☐ 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

- ☐ 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

- ☐ 6. Other: \_\_\_\_\_

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805 and Justin J. Cassell, Reg. No. 46,205.

THE FILING FEE IS CALCULATED AS FOLLOWS:

Total Claims: 18				- 20 =	0	X \$18 =	\$0.00
Independent Claims: 2				- 3 =	0	X \$86 =	\$0.00
Correspondence Address:  23364 Customer Number						Multiple Dependent Claim (add \$290.00):	
						Subtotal:	\$770.00
						50% Reduction if Small Entity Status:	
Phone: 703-683-0500				Fax: 703-683-1080		Total:	\$770.00
Date:		Name:		Signature:		Reg. No.	
December 3, 2003		JUSTIN J. CASSELL				46,205	